

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Computer Readable Form (CRF)?::	NO
Title::	THIAZOLE DERIVATIVES
Attorney Docket Number::	248223US0
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Small Entity?::	NO
Petition Included?::	NO
Secrecy Order in Parent Appl.?::	NO

### INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Akira
Family Name::	Nagashima
City of Residence::	Osaka-shi,
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7 Doshomachi 3-chome, Chuo-ku
City of Mailing Address::	Osaka-shi,
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541 8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Takayuki  
Family Name:: Inoue  
City of Residence:: Osaka-shi,  
State or Province of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-  
7, Doshomachi 3-chome, Chuo-ku,  
City of Mailing Address:: Osaka-shi,  
State or Province of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Mitsuru  
Family Name:: Ohkubo  
City of Residence:: Osaka-shi,  
State or Province of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-  
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City of Mailing Address:: Osaka-shi  
State or Province of Mailing Address:: Osaka  
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Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Kousei  
Family Name:: Yoshihara  
City of Residence:: Osaka-shi  
State or Province of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,  
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State or Province of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Takashi  
Family Name:: Tojo  
City of Residence:: Osaka-shi  
State or Province of Residence:: Osaka  
Country of Residence:: Japan  
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State or Province of Mailing Address:: Osaka  
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Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Masataka  
Family Name:: Morita  
City of Residence:: Osaka-shi  
State or Province of Residence:: Osaka  
Country of Residence:: Japan  
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City of Mailing Address:: Osaka-shi  
State or Province of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	119(e) of	60/442,509	01/27/03
60/442,509	119(e) of	60/458,369	03/31/03
60/458,369	119(e) of	60/517,377	11/06/03

#### ASSIGNMENT INFORMATION

Assignee Name:: Fujisawa Pharmaceutical Co. Ltd.  
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Osaka-shi  
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Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 541-8514